

# EXHIBIT C

**Participant Identification:**

I, \_\_\_\_\_, hereinafter referred to as "the Participant," willingly enter into this agreement on this day, \_\_\_\_\_, in relation to my participation in the psychedelic ceremonies conducted as part of the religious practices of Singularism.

**Introduction and Purpose:**

This document serves as a comprehensive informed consent and waiver for my voluntary participation in the ceremonial use of psychedelic substances within the religious context of Singularism. It is intended to ensure that I am fully informed about the nature, potential benefits, and risks associated with the use of psychedelics in these ceremonies.

This document acts as an informed consent and comprehensive waiver for individuals like myself who are engaging in Singularism's sacred ceremonies involving the use of psychedelic substances. Participation is entirely voluntary and predicated on a full understanding and acknowledgment of the ceremonial, spiritual, and religious context of this practice. This document is intended to provide complete transparency about the benefits, risks, and nature of psychedelic use in our religious ceremonies.

**DECLARATIONS:****Legal declaration of Rights:**

I declare that my participation in the psychedelic ceremonies of Singularism is protected under the United States Constitution, legal precedent, and case law, specifically under the provisions for the free exercise of religion. I understand that this right is recognized and upheld in the context of religious practices, and I assert that my participation in these ceremonies is a lawful expression of my religious freedom.

While I am aware that my participation is under the protection of the United States Constitution, I also understand that local municipalities and state governments may have differing interpretations and may mistakenly view such ceremonies as illegal. I recognize that these variations in interpretation exist and that legal protections for religious practices, especially those involving entheogenic substances, may not be uniformly recognized or applied across different jurisdictions.

**Declaration of Sincerity and Honesty:**

I affirm that I have represented myself sincerely and honestly in all interactions with the facilitators of Singularism. I have been truthful in my statements during the screening and preparation process. I have disclosed all relevant information about my health, mental state, and any other factors that may impact my participation in the ceremony. This disclosure is essential to assist the guides in making informed decisions for the safety and benefit of everyone involved.

**Declaration of Personal Spiritual Necessity:**

I recognize and sincerely declare that participating in this entheogenic ceremony is a vital and central component of my spiritual well-being. While I understand that not everyone will consider this path essential, I ask for understanding and respect for my personal belief in the significance of this ceremony to my personal spiritual pursuits. I assert my legal right to participate in this religious ceremony, firmly believing it to be integral to my spiritual journey. I enter this ceremony with a deep conviction, informed by thorough self-education and external research, that this experience is indispensable for my spiritual development and religious exploration. I view this ceremony as a crucial step in my ongoing quest for spiritual growth and understanding, essential to my life's spiritual journey.

**Declaration of Voluntary Participation:**

By signing this document, I confirm that my decision to participate in the ceremony is made willingly and with full awareness of its nature. I acknowledge that my participation is a conscious choice, free from any external pressures or expectations. I affirm that I am over 18 years of age, in sound mind, and acting in good faith of my own volition.

**Declaration of informed Consent:**

By signing this document, Participants affirm that they have received thorough information regarding the ceremony, have had the opportunity to ask questions and express concerns, and have received satisfactory responses. They acknowledge their participation is of their own free will, without any undue pressure or persuasion.

**ACKNOWLEDGMENTS:****Acknowledgment of Religious and Spiritual Context:**

Participants expressly acknowledge and understand that Singularism's use of psychedelics is a deeply religious and spiritual practice. It is conducted in a sacred, respectful manner and is central to our religious beliefs and spiritual explorations. This practice is not recreational, nor clinical whatsoever. This ceremony is a significant part of our spiritual journey and religious expression.

**Acknowledgment Non-Clinical Nature of Ceremonial Practice:**

Participants acknowledge and understand that the psychedelic ceremonies conducted under the auspices of Singularism are strictly religious and spiritual in nature and are not intended to be clinical or therapeutic interventions. Singularism and its facilitators make no clinical claims regarding the efficacy of these practices for the treatment or alleviation of any medical or psychological conditions. These ceremonies do not replace professional medical advice, diagnosis, or treatment. Participants are encouraged to continue any ongoing medical treatments and consult with healthcare professionals regarding their participation in these ceremonies.

**Acknowledgment of Non Licensure:**



I understand and acknowledge that Singularism does not operate its sessions under any clinical license whatsoever. If any employee, facilitator, or individual associated with Singularism happens to hold a professional license in another field, I recognize that their licensure is entirely separate and not related to their work and activities within Singularism. The roles and activities undertaken in the context of Singularism's ceremonies are distinct from any licensed professional capacities that these individuals might hold outside of this religious setting.

**Acknowledgment of Religious Inclusivity:**

I further acknowledge and respect that Singularism does not require “religious exclusivity” from its adherents. I understand that participation in Singularism's ceremonies does not necessitate forgoing or abandoning my affiliations, beliefs, or practices in other religions. Rather, Singularism teaches religious inclusivity. I recognize that Singularism respects the coexistence of multiple spiritual paths and that my involvement in these ceremonies is a personal choice, made in accordance with my own spiritual and mental well-being needs. My participation in Singularism's ceremonies is a testament to my sincere commitment to exploring diverse spiritual experiences as I deem necessary for my personal growth and development.

**Preparation and Education Acknowledgement:**

Participants confirm that they have undertaken adequate preparation for the ceremony. This includes self-education about the nature of psychedelic experiences and consultation with outside resources or experts as needed. Participants affirm that they have been provided with sufficient information and resources by Singularism to make an informed decision about their participation.

**Medical Advisory Acknowledgment:**

I acknowledge that while Singularism's ceremonies incorporate clinical insights and prioritize safety, they operate within a religious context, not a medical one. I understand the importance of consulting with a medical professional about my participation, especially if I'm undergoing psychopharmacological treatment. The advice from Singularism's staff, despite being informed, is not a substitute for licensed and qualified professional medical advice, and we acknowledge their clinical advice supersedes our spiritual advice in medical and physical matters. Singularism always advises that you seek your own medical council. Therefore, I commit to seeking medical counsel to ensure my health and safety regarding any treatments I am receiving, or medical concerns I have.

This shortened version maintains the essential information about the importance of seeking medical advice and the non-medical nature of Singularism's ceremonies, while being more concise.

**AGREEMENTS:**

**Commitment to Safety and Guidance:**

I, the participant, commit to maintaining a safe environment during the ceremony and agree to follow all rules and instructions provided by the guides and facilitators. I understand that these guidelines are in



place to ensure the safety and well-being of all participants, including myself. I agree to listen attentively to my guide and adhere strictly to the established protocols throughout the ceremony.

### **Ceremony Participation Agreement**

As a Participant in Singularism ceremonies, I commit to following the guidance and instructions of the lead facilitator throughout the ceremony. I place my trust in the facilitator's expertise and agree to openly express any concerns or discomfort I may experience during the process. This commitment is made to ensure my physical and emotional safety, as well as to uphold the sanctity and integrity of the ceremony.

I understand the importance of communication and agree to voice my needs and concerns so that the facilitators can provide the necessary support to maintain a safe and supportive environment. By signing below, I acknowledge my understanding and agreement to the terms outlined above, committing to follow the lead facilitator's instructions and to communicate openly during Singularism ceremonies.

### **Facility Stay Agreement**

As a Participant in Singularism ceremonies, I agree to remain within the designated facility premises until my lead facilitator formally releases me at the conclusion of the ceremony. This agreement is in place to ensure my safety and the integrity of the ceremonial process, allowing for a fully immersive and secure experience. I understand that leaving the facility prematurely may compromise both my safety and the collective experience of all participants. **By signing below, I affirm my commitment to stay within the facility as required and to follow the release instructions provided by my lead facilitator.**

### **No Driving Agreement:**

I agree that I will not operate a vehicle under any circumstances on the day of the ceremony. Even if I feel capable of driving, I understand the importance of adhering to this rule for my safety and the safety of others. The effects of psychedelic substances used during the ceremony can be unpredictable, and my judgment may be impaired. I commit to arranging transportation to and from the ceremony location through a trusted friend, family member, or reliable ride service. This ensures that I do not have to drive under any circumstances, maintaining safety as a top priority.

### **Audio Recording and Note Usage Policy and Consent Agreement:**

By engaging in sessions with Singularism, clients acknowledge and consent to the potential audio recording of parts of their sessions and the use of handwritten notes as visuals, primarily for training purposes and occasionally for use in anonymized media clips. These recordings will be audio-only unless explicitly agreed otherwise, and any notes used will not contain identifiable personal information. Clients are assured that their confidentiality will be maintained in all materials.

### **Phone Use Restriction:**

I agree to not use my phone during the ceremony sessions without explicit permission from the guide. I understand that this guideline is in place for my emotional safety and to enhance the effectiveness of the sessions. Using a phone can be distracting and may disrupt the immersive and introspective nature of the



experience. I acknowledge that maintaining a phone-free environment is essential for creating a focused and conducive setting for all participants.

## **DISCLOSURES:**

### **Potential Benefits: Transformative Potential of Psychedelic Experiences - Legal Disclosure:**

As participants in this ceremony, you are embarking on a journey that has the potential to profoundly impact your personal and spiritual growth. The ceremonial use of psychedelics could lead to life-changing experiences and insights. Just a few of the many benefits include, but is not even remotely limited to:

1. Enhanced Self-Awareness: You may experience a deepening of self-understanding, peeling back layers of your consciousness to reveal a richer, more nuanced understanding of your identity and purpose.
2. Spiritual Awakening: Many participants report transformative spiritual experiences, feeling a profound connection to a greater existence beyond the physical realm. This awakening can offer new perspectives on life and existence.
3. Emotional Catharsis: The experience may facilitate a powerful release of pent-up emotions, leading to therapeutic and healing outcomes. It's not uncommon for participants to emerge with a sense of emotional renewal and resilience.
4. Deepened Connection with the Universe: You might find yourself experiencing an intense sense of unity and interconnectedness with the universe, nature, and fellow beings. This often leads to a greater sense of empathy and compassion.
5. Strengthened Sense of Interconnectedness: The feeling of being deeply connected with others and the environment around you can foster a sense of belonging and understanding, promoting harmony and empathy in your interactions.
6. Personal Development and Enlightenment: These experiences have the potential to contribute significantly to your personal development, providing insights and perspectives that can lead to a more enlightened, fulfilling life.

It is important to understand that while these experiences can be transformative and profound, they are subjective and can vary greatly from person to person. The journey you embark upon is unique to you, influenced by your personal mindset, environment, and life experiences.

### **Disclosure of Risks and Side Effects:**

Participants are thoroughly informed about the potential risks and side effects associated with the use of psychedelic substances, framed in an optimistic yet realistic manner. While many individuals experience positive and transformative effects, it's important to understand that reactions can vary:



1. Psychological Responses: In some rare instances, participants may experience temporary feelings of anxiety, confusion, or unpredictable emotional responses. These are typically short-lived and often contribute to a deeper understanding of personal emotions and thought processes.
2. Physical Reactions: Some individuals might encounter minor physical reactions such as mild nausea or slight dizziness. Changes in sensory perception, a common aspect of the psychedelic experience, are generally perceived as part of the journey towards greater self-awareness.
3. Worldview and Belief Systems: There's a possibility for long-term changes in personal belief systems and worldview. While this can be profound and positive, leading to a more open and inclusive perspective on life, it's important to approach this potential change with an open mind and readiness for personal growth.
4. Rare Cases: In very rare cases, more intense experiences can occur, including psychotic breaks that are impossible to screen or predict. These are usually in populations with specific predispositions and are not common in the general population.

It is important for participants to understand that these risks are inherent to the experience and can vary from person to person. This disclosure is provided not to dissuade but to ensure a fully informed, positive, and conscious decision to participate.

### **Health and Safety Considerations:**

I affirm that I have provided a complete and honest disclosure of all relevant health information to the facilitators of Singularism. This includes a thorough account of my mental health history and any current physical health conditions. I understand the importance of this disclosure, as certain health conditions can increase the risk of adverse reactions during the ceremony.

In recognition of these risks, I commit to discussing any potential contraindications with my healthcare provider before participating in the ceremony. This discussion is a crucial step in ensuring my safety and well-being, as it helps in identifying any personal health factors that might influence my experience.

Furthermore, I acknowledge and appreciate the organization's commitment to maintaining rigorous safety protocols and providing continuous support throughout the ceremony. This commitment includes monitoring the ceremony environment, being responsive to participants' needs, and having measures in place to address any unexpected situations. I understand that this support is in place to foster a safe and nurturing space for my spiritual journey, but it does not substitute for my personal responsibility in assessing my fitness to participate.

By acknowledging this, I accept that while the organization takes extensive measures for safety, the nature of such experiences involves a degree of unpredictability, and I assume responsibility for my decision to partake in the ceremony."

This expanded statement emphasizes the participant's responsibility in disclosing their health information and consulting with healthcare providers, alongside acknowledging the organization's commitment to



safety and support.

**Recognition of Potential Risks and Assumption of Responsibility**

While we at Singularism are committed to establishing and following groundbreaking best practices and standards of care in our ceremonies, it is important to recognize that, as with any human endeavor, mistakes can happen. Participants should be aware that despite our best efforts, there is an inherent risk associated with any activity involving psychedelic substances. By choosing to participate, you understand and assume all risks associated with this ceremony. This acknowledgment is not a reflection of an expectation of negative outcomes but is a standard precaution to ensure that participants are aware of their personal responsibility in choosing to partake in these ceremonies."

**Voluntary Participation and Comprehensive Informed Consent:**

By signing this document, Participants affirm that they have received thorough information regarding the ceremony, have had the opportunity to ask questions and express concerns, and have received satisfactory responses. They acknowledge their participation is of their own free will, without any undue pressure or persuasion.

**Legal Release of Liability and Indemnification:**

Participants agree to waive and release Singularism, its facilitators, organizers, and any associated parties from any liability or claims that may arise from their participation in the psychedelic ceremonies. They understand this waiver includes any unforeseen risks or outcomes not explicitly mentioned in this document.

**Provisions for Emergency Medical Care:**In the event of a medical emergency, Participants consent to receive necessary medical treatment and understand that the organization will take all appropriate actions to ensure their safety and well-being, including contacting emergency medical services if needed



**Supportive/Emergency Contact Authorization**

As a Participant of Singularism ceremonies, I recognize the value of having a supportive network available in times of need. I have selected three individuals with whom I feel both emotionally and physically safe. I grant Singularism unconditional permission to contact any of these individuals whenever a facilitator deems it necessary for my well-being or safety. I have informed them that they are being used as an emergency contact in this context

**Supportive/Emergency Contact 1:**

Contact Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

City of Residence: \_\_\_\_\_

**Supportive/Emergency Contact 2:**

Contact Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

City of Residence: \_\_\_\_\_

**Supportive/Emergency Contact 3:**

Contact Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

City of Residence: \_\_\_\_\_



**Intention Statement:**

Participants are invited to state their intention for participating in the ceremony. This intention, while personal, plays a crucial role in shaping the individual's experience. It is understood that setting a clear and positive intention can significantly influence the nature of one's experience.

Intention (please write below):

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**Confidentiality and Respect for Privacy:**

Participants commit to respecting the privacy and confidentiality of all individuals involved in the ceremonies. They agree not to disclose sensitive information about the ceremonies or other participants without explicit permission.

**Acknowledgment and Binding Signature:**

I, \_\_\_\_\_, hereby affirm that I have read, fully understand, and agree to all terms and conditions outlined in this waiver. I acknowledge that my participation in Singularism's psychedelic ceremonies is informed, voluntary, and at my own risk.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_